

LASER DEVICE USE REQUEST / AUTHORIZATION

(Please Type / Print Legibly)

(Note - Complete Unshaded Sections of Form Only) (Instructions for completion in Field Help)

Originator Name/Telephone	Organization Mail Code / Address	Date	Authorization Number
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I. LASER DESCRIPTION

A.	1. Type of Laser	2. Manufacturer	3. Model Number	4. Serial Number	5. ANSI Class	6. Registration Number (if applicable)				
	7. Operating Mode	8. Peak Power	9. Pulse Length	10. Pulse Frequency	11. Wavelength	12. TEM	13. Beam Diameter	14. Aperture	15. Divergence	16. Scanning (if applicable)
									a. Rate	b. Angle
B.	1. Type of Laser	2. Manufacturer	3. Model Number	4. Serial Number	5. ANSI Class	6. Registration Number (if applicable)				
	7. Operating Mode	8. Peak Power	9. Pulse Length	10. Pulse Frequency	11. Wavelength	12. TEM	13. Beam Diameter	14. Aperture	15. Divergence	16. Scanning (if applicable)
									a. Rate	b. Angle
C.	1. Type of Laser	2. Manufacturer	3. Model Number	4. Serial Number	5. ANSI Class	6. Registration Number (if applicable)				
	7. Operating Mode	8. Peak Power	9. Pulse Length	10. Pulse Frequency	11. Wavelength	12. TEM	13. Beam Diameter	14. Aperture	15. Divergence	16. Scanning (if applicable)
									a. Rate	b. Angle

II. AREA DESCRIPTION

- A. Use Location _____ B. Storage Location _____
- Area _____ Area _____
- Building No. _____ Building No. _____
- Room Number _____ Room Number _____
- C. Attach sketch of system use area including locations of devices, beam paths, warning lights, interlocks, etc.
- D. Provide optical path sketch (if applicable)

V. SYSTEM USERS

- A. Area Radiation Officer _____
- B. Use Supervisor/Custodian _____
- C. Attach list of user/operators ☐ Yes ☐ No ☐ N/A
- D. Submit Completed KSC Form 16-450 for each of the above named individuals ☐ Yes ☐ No ☐ N/A
- E. Maintenance/Calibration Organization _____

III. USE DESCRIPTION

- A. Mission/Payload Designation _____
- B. Brief description of use _____

IV. PROCEDURES

- A. Operating Procedures: _____
- B. Accident/Emergency Procedure: _____
- C. Maintenance Procedure: _____
- D. Attach copies of procedures.

VI. PROPOSED PERIOD OF USE

From: _____ To: _____

VII. SIGNATURES

- A. Originator _____ Date _____
- B. Area Radiation Officer _____ Date _____

VIII. AUTHORIZING SIGNATURES

Health Physics	Date
KSC Radiation Protection Officer	Date
ESMC Radiation Protection Officer (if applicable)	Date
Chmn. KSC Radiation Protection Committee	Date